

S.D., Appellant

**U.S. POSTAL SERVICE, STONYRIDGE
STATION, Omaha, NE, Employer**

Appearances:

Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

Before:

JURISDICTION

On October 28, 2020 appellant, through counsel, filed a timely appeal from an August 18, 2020 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² 5 U.S.C. § 8101 *et seq.*

³ The Board notes that following the August 18, 2020 decision, OWCP received additional evidence. However, the Board’s *Rules of Procedure* provides: “The Board’s review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal.” 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish that OWCP should expand the acceptance of her claim to include additional conditions as a consequence of her accepted June 9, 2016 employment injury; and (2) whether appellant has met her burden of proof to establish disability from work for the period October 21, 2019 through February 14, 2020 causally related to her accepted employment injury.

FACTUAL HISTORY

On June 9, 2016 appellant, then a 30-year-old clerk, filed a traumatic injury claim (Form CA-1) alleging that on that date she twisted her right ankle when scanning packages while in the performance of duty. OWCP accepted her claim for a right peroneal tendon tear. It subsequently expanded acceptance of the claim to include posterior tibial tendinitis of the left leg, traumatic arthropathy of the right foot and ankle, and a strain of the muscles and tendons of the right foot and ankle. On December 20, 2016 appellant underwent an OWCP-authorized repair of a right peroneal tendon tear. She returned to limited-duty employment on June 15, 2017. On January 24, 2018 Dr. Patrick J. Nelson, a podiatrist, performed an OWCP-authorized right ankle arthroscopy with extensive debridement, a repair of dislocating peroneals, a right lateral ankle stabilization.

In a report dated November 8, 2018, Dr. Nelson advised that he was treating appellant after reconstructive surgery of the right peroneal tendons and anterior ankle ligaments. He indicated that she had chronic back pain as a result of right lower extremity instability due to her employment injury. Dr. Nelson related that appellant “had developed neuritis/neuralgia to the lower extremity secondary to both [two] surgical interventions as well as the nature of the injury to the right lower extremity. This significant instability that has developed has led to abnormal compensation of [her] weight to the right lower extremity which is significantly affect[ing] [appellant’s] lower back and right hip.”

On November 29, 2018 appellant accepted a position working six hours per day as a modified clerk. The position required standing, bending, stooping, and twisting for six hours per day, pushing, pulling, carrying, and lifting up to 25 pounds for six hours per day, reaching above the shoulder for six hours per day, and sitting for at least two hours per day.

OWCP, on December 12, 2018, accepted that appellant had sustained a recurrence of disability beginning October 6, 2018 such that she could only work six hours of modified employment per day. It paid her wage-loss compensation for the two hours of time lost from employment on the supplemental rolls.

In a report dated January 10, 2019, Dr. Nelson discussed appellant’s complaints of nerve pain in her ankle radiating into her hip and back. On examination he found positive straight leg raises bilaterally. Dr. Nelson diagnosed pain, contracture, and instability of the right ankle, instability of the right foot, gait abnormalities, idiopathic progressive neuropathy, right peroneal tendinitis, and left foot and ankle instability, pain and contracture. He advised that appellant had neurological issues of the right lower extremity due to her prior surgeries to stabilize the lower extremity. In a duty status report (Form CA-17) of even date, Dr. Nelson diagnosed chronic instability and neuritis and listed work restrictions, including no lifting, pushing, or pulling over 25 pounds.

On February 20, 2019 Dr. Rafal Krejza, an osteopath, provided lumbar sympathetic nerve blocks. He continued to provide progress reports describing his treatment of appellant for pain management.

In a Form CA-17 dated April 4, 2019, Dr. Nelson diagnosed right ankle instability, sciatica, and neuralgia and provided work restrictions.⁴ He advised that appellant should sit for two hours each eight-hour shift. In a report of even date, Dr. Nelson repeated his diagnoses as in his January 10, 2019 report. He related that appellant's "sciatica and lower back pain are related to her right ankle/foot problems due to the instability."

Dr. Nelson, in a May 14, 2019 report, noted that appellant's physician was evaluating her for "fibromyalgia and sciatic issues related to the lower back and I do feel is a result of instability and an unbalanced gait due to the chronic nature of her condition for her right lower extremity." In a work capacity evaluation (Form OWCP-5c) dated May 15, 2019, Dr. Nelson found that she could work full time with permanent work restrictions. He provided a similar progress report on June 4, 2019.

A magnetic resonance imaging (MRI) scan obtained on October 10, 2019 revealed mild degenerative lumbar spondylosis with an interval increase in a moderate posterior disc protrusion at L5-S1.

On October 25, 2019 Dr. Krejza reviewed the results of the MRI scan. He noted that appellant's complaints of low back pain and lumbar radiculopathy had begun on October 1, 2019 and her complaints of chronic pain on October 17, 2018.⁵ Dr. Krejza diagnosed chronic pain, right ankle pain, low back pain, lumbar radiculopathy, and a prolapsed lumbar intervertebral disc. He found that appellant should not lift over 10 pounds or sit or stand over 30 minutes at a time. In a Form CA-17 of even date, Dr. Krejza advised that she could work four hours per day with restrictions that included lifting up to 10 pounds continuously or 20 pounds intermittently.

On November 20, 2019 appellant filed a claim for compensation (Form CA-7) for total disability from work for the period October 21 to November 8, 2019. On the form, the employing establishment asserted that there was no medical evidence demonstrating that she was off work due to her accepted employment injury, and that she was currently working light duty pending the possible expansion of acceptance of her claim.

In a development letter dated November 25, 2019, OWCP advised appellant that it appeared that she was requesting compensation from October 21 to 25, 2019 "and following" due to a consequential injury of a herniated lumbar disc. It requested that she submit additional factual and medical information in support of her claim, including a reasoned opinion from a physician explaining how her disability was causally related to her accepted employment injury. OWCP afforded appellant 30 days to submit the requested information.

On November 27, 2019 appellant filed a Form CA-7 requesting compensation for four hours per day from November 9 to 22, 2019.

⁴ On April 2, 2019 Dr. Nelson, in response to questions from the employing establishment, advised that appellant could not work for eight hours per day due to chronic nerve pain in the right lower extremity and hip.

⁵ On November 8, 2019 Dr. Krejza treated appellant with a steroid injection.

In a report dated November 25, 2019, Dr. Nelson advised that he had treated appellant beginning July 19, 2018 for chronic right ankle pain and instability, chronic instability of the right foot, gait abnormalities, idiopathic progressive neuropathy, and right lower extremity peroneal tendinitis. He advised that she had developed right L5 radiculopathy on August 17, 2017 and that an MRI scan had shown an annular disc bulge at L5-S1 superimposed on a central right paracentral disc protrusion. Dr. Nelson indicated that the instability of appellant's right lower extremity likely resulted from her right knee and hip. He related, "It is my medical opinion that two significant surgeries as well as the nature of [appellant's] injury caused her to develop neuritis/neuralgia of the right lower extremity which also led to significant instability and abnormal compensation [of her] weight to the right lower extremity." Dr. Nelson maintained that the chronic instability affected her hip and lower back. He advised, "Based on my extensive workup and treatment of [appellant], I feel that injury to the right ankle/foot, the long-standing instability of the right foot/ankle, and the confirmed workup for [her] lower lumbar/lower back are directly correlated."

On December 12, 2019 appellant filed a Form CA-7 for four hours per day of time lost from work from November 23 to December 6, 2019.

In a statement dated December 16, 2019, appellant related that she believed that her back condition was employment related as she had placed more weight on her left side and had altered her gait due to her employment injury, causing a disc in her back to bulge and herniate. She related that Dr. Nelson had told her that she overcompensated attempting to take pressure off her right side.

Appellant submitted an August 17, 2017 report from Dr. Griffith F. Evans, a Board-certified anesthesiologist, who noted that she had injured her ankle a year earlier and had subsequently experienced symptoms of right L5 radiculopathy.

An August 23, 2017 lumbar MRI scan showed early degenerative lumbar spondylosis.

On August 28, 2017 Dr. Evans discussed appellant's complaints of low back pain on the right side. He found an antalgic gait and diagnosed chronic postprocedural pain, sacroiliitis, lumbosacral spondylosis, and intervertebral lumbar disc disorder with radiculopathy.

In a report dated August 30, 2017, Dr. Nelson noted that appellant's bilateral ankle pain had not improved and diagnosed possible complex regional pain syndrome (CRPS) of the right lower extremity possibly due to the trauma and unsuccessful surgery.

Appellant further submitted progress reports from Dr. Nelson dated 2017 to 2019. On January 31, 2018 Dr. Nelson advised that she had pain in the hip due to her ankle condition. On November 23, 2018 he indicated that appellant had hip and back problems due to "neurological issues secondary to both the surgeries...."

In a May 15, 2019 report, Dr. Nelson advised that appellant had "radiating pain secondary to neurological issues at the site of the ankle and at the lower back...." He attributed her right hip and back pain to her unsteady gait, chronic pain, and a possible aggravation of a bulging disc.

In a note dated October 25, 2019, Dr. Krejza advised that appellant had missed work for two weeks due to a herniated lumbar disc.⁶

On December 27, 2019 appellant asserted that she had damaged her sciatic nerve due to multiple ankle surgeries. She indicated that Dr. Nelson had informed her that her ankle instability had affected her gait and caused a bulging disc. Appellant asserted that her disc herniated in October 2019 such that she was unable to walk. She requested wage-loss compensation for four hours of lost time from work.

On January 24, 2020 Dr. Kenekwue Ugokwe, a Board-certified neurosurgeon serving as a district medical adviser (DMA), discussed the opinion of appellant's physicians that she had sustained idiopathic progressive neuropathy, sacroiliitis, lumbosacral spondylosis, and intervertebral disc disorders with radiculopathy as a consequence of her accepted employment injury. He related that appellant's twisting of her ankle was not a mechanism of injury consistent with the additional diagnoses. Dr. Ugokwe further advised that objective testing did not support stenosis that would cause radiculopathy. He noted that an MRI scan showed early degenerative lumbar spondylosis without significant neural compressive abnormality.

Appellant submitted a January 21, 2020 report from a physician assistant.

On February 19, 2020 appellant filed a Form CA-7 for disability from work for the period February 1 to 14, 2020.

By decision dated February 20, 2020, OWCP denied appellant's request to expand acceptance of her claim to include idiopathic progressive neuropathy, sacroiliitis, lumbosacral spondylosis, and intervertebral disc disorders as a consequence of her accepted June 9, 2016 employment injury. It, thus, found that she had not established disability from work for the period October 21, 2019 through February 14, 2020 as her work restrictions resulted from nonemployment-related conditions.

Thereafter, OWCP received a progress report dated January 29, 2020 from Dr. Nelson. Dr. Nelson advised that appellant had rolled on her left ankle, sustaining pain. He provided the same diagnoses as in his prior reports and noted that her low back condition was related to her lower extremity injury. In a work release of even date, Dr. Nelson found that appellant could resume work working four hours per day with restrictions. He advised that the restrictions were required due to her "left ankle giving out because of stability issues with the right...."

On March 4, 2020 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

In a March 4, 2020 work status report, Dr. Nelson provided work restrictions. On April 1, 2020 he indicated that appellant could resume work on April 1, 2020 with restrictions. Dr. Nelson further provided progress reports on May 14 and 20, 2020.

Appellant submitted a June 2, 2020 report from a nurse practitioner.

⁶ The record contains reports dated August 8 and December 6, 2019 from Dr. Krejza describing his treatment of appellant for pain.

A telephonic hearing was held on June 4, 2020. Appellant related that she walked with a limp due to ankle instability which had caused a disc bulge in her lower back that had subsequently herniated.

By decision dated August 18, 2020, OWCP's hearing representative affirmed the February 20, 2020 decision.

LEGAL PRECEDENT -- ISSUE 1

Where an employee claims that, a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁷

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.⁸ A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁹ Additionally, the opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment factor(s) identified by the claimant.¹⁰

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.¹¹ Thus, a subsequent injury, be it an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.¹²

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish that OWCP should expand acceptance of her claim to include additional conditions as a consequence of her accepted June 9, 2016 employment injury.

In support of her claim for consequential injuries resulting from her accepted June 9, 2016 employment injury, appellant submitted reports from Dr. Nelson, a podiatrist. On November 8, 2018 Dr. Nelson diagnosed neuritis/neuralgia of the lower extremity. He found that appellant's right hip had been affected by instability and her compensating from her work injury. On April 4,

⁷ *T.B.*, Docket No. 20-0182 (issued April 23, 2021); *W.L.*, Docket No. 17-1965 (issued September 12, 2018).

⁸ *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006).

⁹ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008).

¹¹ See *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *Charles W. Downey*, 54 ECAB 421 (2003).

¹² *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

2019 Dr. Nelson attributed her sciatica and low back pain to instability from her right foot condition. In a report dated November 25, 2019, he noted that an MRI scan had shown a disc bulge at L5-S1 superimposed on a right central disc protrusion. Dr. Nelson opined that appellant's employment injuries and surgeries to treat the injury had resulted in right lower extremity neuritis/neuralgia and instability that affected her hip and back. While he generally attributed additional conditions to appellant's prior OWCP-approved surgeries and resulting right lower extremity instability, Dr. Nelson did not explain the mechanism by which her overcompensating due to the injury or her surgeries to treat the employment injury caused pain and instability such that she sustained additional injury-related conditions.¹³ Consequently, his reports are insufficient to meet appellant's burden of proof.

Dr. Krejza provided pain management treatment for appellant's low back pain. On October 25, 2019 he diagnosed chronic pain, right ankle pain, low back pain, lumbar radiculopathy, and a prolapsed lumbar intervertebral disc. Dr. Krejza, however, did not provide an opinion on the cause of the diagnosed conditions. The Board has held that medical evidence offering no opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁴ As Dr. Krejza did not offer an opinion regarding the cause of appellant's diagnosed conditions, his reports are of no probative value on the issue of causal relationship.

On August 17, 2017 Dr. Evans noted appellant's history of injuring her ankle one year earlier and subsequent complaints of right L5 radiculopathy. On August 29, 2017 he indicated that she had right-sided low back pain and diagnosed chronic pain postprocedure, sacroiliitis, lumbosacral spondylosis, and intervertebral lumbar disc disorder with radiculopathy. While Dr. Evans discussed appellant's history of injury and subsequent symptoms, he did not address the cause of her sacroiliitis, lumbosacral spondylosis, and intervertebral disc disorder with radiculopathy. As he did not provide an opinion on the relevant issue of whether appellant's claim should be expanded to include these additional conditions or a consequential injury, his report is of no probative value.¹⁵ Additionally, Dr. Evans found that appellant had chronic post-procedure pain; however, the Board has held that a diagnosis of "pain" does not constitute the basis for payment of compensation, as pain is a symptom rather than a specific diagnosis.¹⁶ Consequently, his opinion is insufficient to meet her burden of proof.

¹³ See *P.J.*, Docket No. 18-1738 (issued May 17, 2019); *T.H.*, Docket No. 18-1736 (issued March 13, 2019).

¹⁴ See *R.G.*, Docket No. 18-0792 (issued March 11, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁵ *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *J.M.*, Docket No. 18-0853 (issued March 9, 2020).

¹⁶ See *D.M.*, Docket No. 20-1347 (issued January 29, 2021).

Appellant submitted reports from a nurse practitioner and physician assistant; however, medical reports signed solely by a physician assistant or nurse practitioner are of no probative value as such providers are not considered physicians as defined under FECA.¹⁷

The record further contains the results of diagnostic testing; however, the Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether employment caused any of the diagnosed conditions.¹⁸ Thus, this evidence is also insufficient to meet appellant's burden of proof.

Moreover, the record contains evidence negating causation between additional conditions and the accepted employment injury. OWCP referred the evidence to Dr. Ugokwe, a DMA, for an opinion regarding whether appellant had established additional employment-related conditions. In a January 24, 2020 report, he noted that her physicians had diagnosed idiopathic progressive neuropathy, sacroiliitis, lumbosacral spondylosis, and intervertebral disc disorders with radiculopathy as a consequence of her accepted employment injury. Dr. Ugokwe advised that appellant's twisting her ankle was not a mechanism that would cause the additional diagnoses and also noted that objective testing failed to support the diagnoses.

The Board finds that appellant has not submitted reasoned evidence supporting that she sustained additional conditions as a consequence of her accepted June 9, 2016 employment injury. As such, appellant has not met her burden of proof.¹⁹

LEGAL PRECEDENT -- ISSUE 2

An employee seeking benefits under FECA²⁰ has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.²¹ For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled for work as a result of the accepted employment injury.²² Whether a particular injury causes an

¹⁷ Section 8101(2) of FECA provides that physician "includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law." 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *M.C.*, Docket No. 19-1074 (issued June 12, 2020); *S.L.*, Docket No. 19-0607 (issued January 28, 2020) (nurse practitioners are not considered physicians under FECA).

¹⁸ *O.M.*, *supra* note 15.

¹⁹ *G.M.*, Docket No. 19-0933 (issued October 1, 2019).

²⁰ *Supra* note 2.

²¹ *See D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

²² *M.C.*, Docket No. 18-0919 (issued October 18, 2018).

employee to become disabled for work, and the duration of that disability, are medical issues that must be proved by a preponderance of probative and reliable medical opinion evidence.²³

Under FECA the term disability means incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.²⁴ Disability is, thus, not synonymous with physical impairment which may or may not result in an incapacity to earn wages.²⁵ An employee who has a physical impairment causally related to his or her federal employment, but who nonetheless has the capacity to earn the wages that he or she was receiving at the time of injury, has no disability and is not entitled to compensation for loss of wage-earning capacity.²⁶

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish disability from work for the period October 21, 2019 through February 14, 2020 causally related to her accepted employment injury.

On January 29, 2020 Dr. Nelson evaluated appellant for left ankle pain, noting that she rolled on her left ankle on January 27, 2020. He noted that her back condition was related to her lower extremity condition. Dr. Nelson found that appellant could work four hours per day with restrictions, which he opined were required due to stability issues of the ankles and chronic right foot and ankle issues. He did not, however, provide any rationale for his disability opinion other than to note that the left ankle gave out as she had stability issues with the right ankle. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how appellant's claimed disability is causally related to the accepted injury.²⁷ Thus, Dr. Nelson's report is insufficient to meet her burden of proof to establish her disability claim.

In reports dated October 25, 2019, Dr. Krejza indicated that appellant had experienced the onset of chronic pain beginning October 17, 2018 and low back pain with radiculopathy beginning October 1, 2019. He diagnosed chronic pain, right ankle pain, low back pain, lumbar radiculopathy, and a prolapsed lumbar intervertebral disc. Dr. Krejza found that appellant should not lift over 10 pounds or sit or stand over 30 minutes at a time. In a CA-17 form report of the same date, he determined that she could work four hours per day with restrictions. In a work status report of even date, Dr. Krejza advised that appellant had been off work for two weeks due to a herniated disc. In his reports, however, he failed to address the cause of appellant's disability or find it related to her accepted employment injury. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no

²³ See *D.W.*, Docket No. 18-0644 (issued November 15, 2018); *K.C.*, Docket No. 17-1612 (issued October 16, 2018).

²⁴ 20 C.F.R. § 10.5(f); *B.O.*, Docket No. 19-0392 (issued July 12, 2019); *S.T.*, Docket No. 18-0412 (issued October 22, 2018).

²⁵ See *L.W.*, Docket No. 17-1685 (issued October 9, 2018).

²⁶ See *D.P.*, Docket No. 18-1439 (issued April 30, 2020); *D.G.*, Docket No. 18-0597 (issued October 3, 2018).

²⁷ See *J.E.*, Docket No. 19-1758 (issued March 16, 2021); *G.R.*, Docket No. 19-0940 (issued December 20, 2019).

probative value on the issue of causal relationship.²⁸ Therefore, Dr. Krejza's reports are of no probative value with regard to the issue of appellant's disability for the claimed period, and are insufficient to establish her claim for wage-loss compensation.²⁹

As the medical evidence of record does not include a rationalized opinion regarding causal relationship between appellant's claimed disability and her accepted June 9, 2016 employment injury, the Board finds that she has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that OWCP should expand acceptance of her claim to include additional conditions as a consequence of her accepted June 9, 2016 employment injury. The Board further finds that he has not met her burden of proof to establish disability from work for the period October 21, 2019 through February 14, 2020 causally related to her accepted employment injury.

²⁸ *S.J.*, Docket No. 20-0310 (issued April 21, 2021).

²⁹ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the August 18, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 9, 2021
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board